

CS-001 Application for Services

Revised 05/19/2021



DIVISION OF BLIND SERVICES

Florida Department of Education | dbs.fldoe.org

Department of Education Division of Blind Services Social Security Number Collection Policy

In compliance with Section 119.071(5), Florida Statutes, this statement serves to notify you of the purpose for the collection and usage of your social security number by the Florida Department of Education, Division of Blind Services (“Division”).

You will be asked to provide your Social Security Number (SSN) on this application. Social Security Numbers are collected as part of the process of helping blind or visually impaired individuals gain meaningful employment and thereby increase their independence and self-sufficiency. If you choose not to provide your SSN on this form, the Division will contact you for your SSN and any additional information that may be needed to complete the application process.

Asterisk (*) indicates a required field.

I am interested in the following service(s)

Programs (Please select only one):

- Blind Babies Program (Birth – Age 5)
- Children’s Program (Age 5 – Age 13)
- Transition Services (Pre-Employment Age 14 – Age 21)
- Independent Living (Age 18 and Over)
- Vocational Rehabilitation (Employment Related Services)
- Other

Special Services (Optional):

- | | |
|--|---|
| <input type="checkbox"/> Orientation and Mobility | <input type="checkbox"/> Braille Instruction / Communication Services |
| <input type="checkbox"/> Assistive Technology Services | <input type="checkbox"/> Home and Personal Management Services |
| <input type="checkbox"/> Student Readiness Services | <input type="checkbox"/> Employment Services |
| <input type="checkbox"/> Supported Employment Services | <input type="checkbox"/> Self-Employment Services |
| <input type="checkbox"/> Business Enterprise Services | <input type="checkbox"/> I am not sure |

Basic Information

Last Name *		First Name *		Middle Initial
Social Security Number		Date of Birth *		
Street Address or PO Box *		Apt. Number	County *	
City *			State *	Zip Code *
E-mail Address				
Home Phone		Cell Phone		Work Phone
Directions to your home				

Personal Information

Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Caucasian or White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Not Available <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
Sex *: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Available
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced
Your Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> American Sign Language
Are you a registered voter? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
Highest Level of Education: <input type="checkbox"/> High School <input type="checkbox"/> Bachelor <input type="checkbox"/> Ph.D. (Doctorate) <input type="checkbox"/> Associate <input type="checkbox"/> Master <input type="checkbox"/> Other
Last School Attended: Date:
Are You Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Work Hours: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
What is your job title?
Are You a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If Not, List Status:

Medical Information

Eye Condition:	<input type="checkbox"/> Visual Impairment in Both Eyes?
Eye Physician:	Date Last Seen?
Secondary Disability:	

Service Information

Have you ever received services from this agency? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when?
I would like information in: <input type="checkbox"/> Regular Print <input type="checkbox"/> Large Print <input type="checkbox"/> Braille <input type="checkbox"/> E-Mail or CD
Additional Comments:

Disclosure and Signature

I understand that I am applying for services from the Division of Blind Services and that all eligibility is determined without regard to race, color, religion, sex, national origin, age, marital status, or handicap.

Applicant's Signature		Date
Parent or Guardian's Last Name	Parent or Guardian's First Name	Phone Number
Parent or Guardian's Signature	Date	Relationship
Provider's Name	Provider's Initials	Date

District Office Addresses and Phone Numbers

District 1 – Pensacola

Division of Blind Services
600 University Office Blvd., Bldg 17
Pensacola, FL 32504
Phone: 1 (850) 484-5122

District 2 – Tallahassee

Division of Blind Services
3900 Commonwealth Boulevard
Suite 351, Douglas Building
Tallahassee, FL 32399
Phone: (850) 245-0370 or
Toll Free: 1 (800) 672-7038

District 3a – Gainesville

Division of Blind Services
3620 NW 43rd Street Suite C
Gainesville, FL 32606-8100
Phone: 1 (352) 955-2075 or
Toll Free: 1 (800) 443-0908

District 5a – Cocoa

Division of Blind Services
1970 Michigan Avenue, Building A-2
Cocoa, FL 32922
Phone: 1 (321) 634-3680 or
Toll Free: 1 (877) 506-2729

District 7 – Tampa

Division of Blind Services
415 South Armenia Avenue
Tampa, FL 33609
Phone: 1 (813) 871-7190 or
Toll Free: 1 (800) 757-7190

District 9 – Fort Myers

Division of Blind Services
5256 Summerlin Commons Way, Suite 201
Ft. Myers, FL 33907
Phone: 1 (239) 278-7130 or
Toll Free: 1 (800) 219-0180

District 10 – West Palm Beach

Division of Blind Services
400 N Congress Avenue, Suite 305
West Palm Beach, FL 33401
Phone: 1 (561) 681-2548 or
Toll Free: 1 (866) 225-0794

District 12 – Miami

Division of Blind Services
401 N.W. 2nd Ave., Suite S-712
Miami, FL 33128
Phone: 1 (305) 377-5339 or
Toll Free: 1 (888) 529-1830

District 1a – Panama City

Division of Blind Services
2505 W. 15th Street, Suite B
Panama City, FL 32401
Phone: 1 (850) 872-4181

District 3 – Jacksonville

Division of Blind Services
1809 Art Museum Dr. Suite 201
Jacksonville, FL 32207
Phone: (904) 348-2730 or
Toll Free: 1 (800) 226-6356

District 5 – Daytona Beach

Division of Blind Services
1185 Dunn Avenue
Daytona Beach, FL 32114
Phone: 1 (386) 254-3800 or
Toll Free: 1 (800) 329-3801

District 6 – Orlando

Division of Blind Services
400 W. Robinson St., Suite S1026
Orlando, FL 32801-1784
Phone: 1 (407) 245-0700 or
Toll Free: 1 (866) 841-0928

District 7a – Lakeland

Division of Blind Services
402 S. Kentucky Ave. Suite 340
Lakeland, FL 33801
Phone: 1 (863) 499-2385 or
Toll Free: 1 (877) 728-7738

District 9a – Palmetto

Division of Blind Services
600 8th Avenue, W., Suite 401
Palmetto, FL 34221
Phone: 1 (941) 721-2914 or
Toll Free: 1 (800) 500-6412

District 11 – Sunrise

Division of Blind Services
7771 W. Oakland Park Blvd. Suite 185
Sunrise, Florida 33351
Phone: 1 (954) 746-1770